

IMPORT ABNORMAL CONTAINER, CHEMICAL, SPECIES, PATHOLOGY LABORATORY ANALYSIS

LAB CONTROL NO.		1. INSPECTION LOCATION CODES DISTRICT STATE IMPORT				SERIAL NO.
2. AIS LOT ID NO.		3. VOLUNTARY HOLD (If yes, please check) <input type="checkbox"/>		4. FSIS SCIENCE LAB NAME		
5. PROCESS CATEGORY CODE	6. SAMPLING PROGRAM (Must check one) <input type="checkbox"/> NORMAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> INTENSIFIED		7. ACCREDITED LAB NAME (74, 75)			
8. HEALTH CERTIFICATE NO.		9. SHIPPING MARK		10. NO. OF SAMPLES		11. COUNTRY OF ORIGIN
12. FOREIGN EST. NO. ON LABEL (PRODUCING)		13. PRODUCTION DATE/CAN CODE		14. DATE SAMPLED		15. DATE MAILED

16. LABEL APPROVAL DECLARATION OF PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector)
(Proteinaceous additives not listed below should be indicated in block 17.)

a. N.F.D. MILK	b. I.S.P.	c. SOY PROTEIN CONCENTRATE	d. SOY FLOUR	e. H.V.P.	f. M.S.G.	g.
%	%	%	%	%	%	%

17. NAME OF PRODUCT AS LABELED AND INGREDIENTS		18. PRODUCT DISPOSITION <input type="checkbox"/> ACCEPT/PASS <input type="checkbox"/> REJECT/FAIL	
<div style="font-size: 100px; text-align: center; margin-top: 50px;">SAMPLE</div>		INITIALS	DATE

19. INSPECTOR'S NAME (print)	20. BADGE NO.	21. SIGNATURE OF INSPECTOR
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22. ANALYSES REQUESTED AND FINDINGS

<input type="checkbox"/> TOTAL PROTEIN %	<input type="checkbox"/> MEAT PROTEIN %	<input type="checkbox"/> TOTAL WATER %	<input type="checkbox"/> ADDED WATER %	<input type="checkbox"/> ADDED SUBS. %	<input type="checkbox"/> CALCIUM %	<input type="checkbox"/> SALT %
<input type="checkbox"/> TOTAL FAT %	<input type="checkbox"/> MAX. INT. TEMP. %	<input type="checkbox"/> SODIUM NITRITE ppm	<input type="checkbox"/> PRESERVATIVES ppm	<input type="checkbox"/> ANTIOXIDANTS	<input type="checkbox"/> M / P RATIO	<input type="checkbox"/> ABNORMAL CONT.
<input type="checkbox"/> SPECIES ID	<input type="checkbox"/> PATHOLOGY	<input type="checkbox"/> BRINE CONTENT %	<input type="checkbox"/> MOISTURE/FAT %	<input type="checkbox"/> CALCULATED PFF %		

23. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s), reserve sample(s))

TYPE OF SAMPLE	SAMPLE RESULT CODE	WORK CODE		24. ENTER LAB CODE	
25. DATE RECEIVED	26. SECURITY SEAL INTACT (1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO (3) <input type="checkbox"/> MISSING	27. CONDITION ON RECEIPT	28. DISCARD CODE	29. DATE ANALYSIS a. STARTED b. COMPLETED	30. ANALYST(S) CODE

31. REVIEWED BY (Signature)

The response to this information is voluntary. The information is needed before approval is granted to laboratories analyzing meat and poultry samples. The information is used to assure product compliance (9 CFR 318.21(b)). Form OMB Approved: 0583-0094.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0094. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PROCEDURES FOR PREPARING FSIS FORM 9540-3

- Block 1 INSPECTION LOCATION CODES - Enter the applicable District, State, and Import Establishment Code.
- Block 2 AIIS LOT ID NO. - Enter the AIIS Lot ID number assigned by the system.
- Block 3 VOLUNTARY HOLD - Place a check in the box if the lot is on Voluntary Hold by the importer.
- Block 4 FSIS SCIENCE LAB NAME - Enter the name of the Technical Support Laboratory (TSL) to which the sample(s) is to be mailed. Samples sent to the wrong laboratory will be discarded.
- Block 5 PROCESS CATEGORY CODE - Enter the applicable process category.
- Block 6 SAMPLING PROGRAM - Check only one of the boxes: Designate "Normal" for any monitoring sample scheduled by the AIIS; "Special" for any samples requested under special sampling programs directed by headquarters; and, "Intensified" for any sample scheduled as such by the AIIS.
- Block 7 ACCREDITED LAB NAME - When applicable, enter the name of the Accredited Lab analyzing the sample.
- Block 8 HEALTH CERTIFICATE NO. - Enter the serial number of the foreign country health certificate.
- Block 9 SHIPPING MARK - Enter the shipping mark certified on the foreign health certificate that is also present on the outside of the shipping container.
- Block 10 NO. OF SAMPLES - Enter the number of samples submitted for chemistry & species analysis.
- Block 11 COUNTRY OF ORIGIN - Enter the name of the country that produced and shipped the lot.
- Block 12 FOREIGN ESTABLISHMENT NO. ON LABEL - Enter the foreign establishment number that produced the product being sampled.
- Block 13 PRODUCTION DATE /CAN CODE - Enter the date/code on the immediate container of the product being submitted for the analysis.
- Block 14 DATE SAMPLED - Enter the date (month/day/year) the lot was sampled.
- Block 15 DATE MAILED - Enter the date (month/day/year) the sample was mailed.
- Block 16 LABEL APPROVAL DECLARATION OF PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT - Group II protein data must be supplied on the health certificate for sausage products which contain Group II protein ingredients as defined in 9 CFR 318.22. If this information is not present on the health certificate, the importer of record should assist with obtaining the information.
- Block 17 NAME OF PRODUCT AS LABELED AND INGREDIENTS - Enter the name of the product, the ingredient statement, and any other information that would be helpful. When submitting for species, the entire ingredient statement is required.
- Block 18 PRODUCT DISPOSITION, INITIALS, DATE - Leave blank. This will be completed by the TSC when samples have been submitted to an Accredited Lab.
- Block 19 INSPECTOR'S NAME - The import inspector who sampled the lot shall legibly print his or her name.
- Block 20 BADGE NO. - The import inspector who sampled the lot shall enter his or her badge number.
- Block 21 SIGNATURE OF INSPECTOR - The import inspector who sampled the lot shall sign his or her name.
- Block 22 ANALYSES REQUESTED AND FINDINGS - Only check the box for the analysis assigned by the AIIS. As an example, when M/P Ratio is assigned, only check M/P Ratio; when moisture/fat is assigned, check moisture/fat box.
- Block 23 Blocks 23 through 31. For laboratory use only.

DISTRIBUTION FOR THE IMPORT INSPECTOR

Submit the form with the sample. Retain a copy for the file.